

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>1000001</i>	<i>6/30/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>63390</i>	<i>7/15/99</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>63390</i>	<i>7/16/99</i>

*Response Review*

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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Best Available Copy

If more than 150 claims or 10 actions  
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